OIPE	¥ 0	PART B	- FEE(S)	TRANS	SMITTAL				/
APR 1 4 70	his torm, together wit	h applicable fee	or <u>l</u>	Fax (5	Mail Stop ISSUE Commissioner fo C.O. Box 1450 Alexandria, Virg 571) 273-2885	r Patents inia 22313-145			
INSTRUCTIONS To appropriate. All further coindicated unless corrected maintenance fee notification	rm should be used or tran rrespondence including the below or directed otherwise ns.	smitting the ASUE Patent as Parice ord Robbins I, by (a)	E FEE and ers and noti specifying a	PUBLICA fication of a new con	TION FEE (if requirements of maintenance fees were spondence address;	red). Blocks 1 thr vill be mailed to th and/or (b) indicati	ough 5 sh e current ing a sepa	nould be comp correspondence rate "FEE ADI	leted where address as DRESS" for
CURRENT CORRESPONDENCE	CE ADDRESS (Note: Use Block 1 for 590 01/20/2006	any change of address)	<del></del>	F	ote: A certificate of ee(s) Transmittal. The apers. Each additionate ave its own certificate	is certificate cannot Il paper, such as an	t be used f assignme	or domestic ma for any other ac ant or formal dr	ilings of the companying awing, must
CLARK & ELBI 101 FEDERAL ST BOSTON, MA 02			I S ac tr	Cer hereby certify that the tates Postal Service valdressed to the Mai ansmitted to the USP	tificate of Mailing is Fec(s) Transmitt with sufficient posts I Stop ISSUE FEI TO (571) 273-2885	tal is being age for firs	g deposited with st class mail in	h the United an envelope ng facsimile elow.	
04/14/2006 CNEGA2 000000 01 FC:2501			Г	Judith R. M		1364		epositor's name) (Signature)	
02 FC:8001	700.00 0F 30.00 0F				pril 11, 2	006	9	7	(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED INVE		D INVENT	OR	ATTORNEY DOCKET NO.		CONFIRMATION NO.	
TITLE OF INVENTION: N	METHODS FOR SCREENIN	IG AND IDENTIFY	ING HOST	PATHOO	EN DEFENSE GEN				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUB	LICATION FEE	TOTAL FEE(S) DUE		DATE DUE	
nonprovisional YES		\$700 ART UNIT		- CI A	\$0 .SS-SUBCLASS	\$700 <b>1</b>		04/20/2	.006
EXAMINER PRIEBE, SCOTT DAVID			1633		300-008000	J			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME AND PLEASE NOTE: Unles recordation as set forth i  (A) NAME OF ASSIGN The General	Hospital Corpo	elow, no assignee d of this form is NOT (B) ration	lata will app a substitute RESIDENG Bostor	cear on the for filing of the for filing of the formal center of the for	e patent. If an assign an assignment. and STATE OR CO ssachusetts	UNTRY)			
Please check the appropriat  4a. The following fee(s) are	e assignee category or catego		nted on the p		☐ Individual 🔂 C	orporation or other	private gre	oup entity 🔲	Government
Issue Fee  Publication Fee (No Advance Order - # o	in the amo	ount of the fee(s) is er card. Form PTO-203: reby authorized by c ber 03-2095	3 is attached.	fce(s), or	credit any ove	rpayment, to			
a. Applicant claims S	s (from status indicated above SMALL ENTITY status. See	e) 37 CFR 1.27.	☐ b. Applic	cant is no l	onger claiming SMA	LL ENTITY status	. See 37 C	FR 1.27(g)(2).	
The Director of the USPTC NOTE: The Issue Fee and I interest as shown by the rec	is requested to apply the Iss Publication Fee (if required) cords of the United States Pat	ue Fee and Publicati will not be accepted ent and Trademark	ion Fce (if and from anyon Office.	ny) or to re le other tha	e-apply any previous n the applicant; a reg	y paid issue fee to istered attorney or	the applica agent; or th	ation identified he assignee or o	above. other party in
Authorized Signature	JAN N. TITA	/ -n 0/ A		_	Date	April	2000	2, 290	-
Typed or printed name <u>James D. DeCamp</u> , Ph.D.				-	Registration				_
This collection of informat an application. Confidential submitting the completed this form and/or suggestion Box 1450, Alexandria, Vir Alexandria, Virginia 22313	ion is required by 37 CFR 1.3 lity is governed by 35 U.S.C application form to the USP1 is for reducing this burden, s ginia 22313-1450. DO NOT 1-1450.	311. The information 122 and 37 CFR 1 TO. Time will vary hould be sent to the SEND FEES OR C	n is required 1.14. This co depending u Chief Infon COMPLETE	to obtain of the control of the cont	or retain a benefit by estimated to take 12 dividual case. Any ficer, U.S. Patent and TO THIS ADDRES	the public which is minutes to complet omments on the an Trademark Office S. SEND TO: Com	to file (and te, including to including to the count of t	d by the USPTO ng gathering, pome you require partment of Con for Patents, P.O	J to process reparing, and to complete nmerce, P.O D. Box 1450

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.